

County Fiscal Year 2017 Funding Application Community Development Block Grant (CDBG)

Montgomery County, Maryland Department of Housing and Community Affairs

This application must be emailed to cdbg@montgomerycountymd.gov by Friday, September 18, 2015 at 4:00 P.M.

see online Application Packet at <http://montgomerycountymd.gov/DHCA/community/grants/index.html> for complete instructions

SUMMARY INFORMATION

Project Title

Legal Name of Submitting Organization:

Amount of CDBG Funds Requested for this Project:

Amount of Total Project Budget:

Total Number of Persons Who Will Directly Benefit From This Project:

Have you ever received CDBG funding for this program or activity before?

If yes, please explain:

Yes

No

In the space below provide a very brief descriptive summary of how the requested funds are to be used (75 words or less):

| | | | | |
|-------------------------|-------------|------------|------------|---------------|
| <i>DHCA USE ONLY:</i> | <i>YR 1</i> | <i>YR2</i> | <i>YR3</i> | <i>APP #:</i> |
| <i>APPROVED AMOUNT:</i> | | | | |

ORGANIZATION CONTACTS AND CERTIFICATION

ORGANIZATION MAILING ADDRESS: *(name, street, city, zip code)*

Name:

Address:

State of Incorporation:

State Corporation Number:

Federal Tax ID Number:

Contact Person for this Application:

(Name and Title)

Telephone:

Email

*Authorized Representative of
Submitting Organization:*

(Name and Title)

Telephone:

Email

Certification:

"Under penalty of perjury, I certify, by checking this box, that I have reviewed this application and that, to the best of my knowledge and belief, all of the information provided in this application is true. I also certify that I am officially authorized to represent the submitting organization by its governing board in the filing of this application."

Type name of authorized representative

Date submitted (mm/dd/yyyy)

Type title of authorized representative

ORGANIZATION INFORMATION

Briefly describe the mission of your organization and the major program/services provided in support of the mission.

- *How long has your organization been providing services to Montgomery County residents?*
Years
- *Currently, what percentage of those your organization serves are residents of Montgomery County?* %
- *What is the amount of your organization's current annual operating budget?*

What are your organization's major sources of funding, specified as a percentage of the total budget? (e.g. private donations 50%; Montgomery County government contracts 30%; foundation support 20%)

- *How many paid staff work in your organization?* Full-time Part-time
- *How many new staff are to be hired for the project if funded?* Full-time Part-time

If your organization currently has any contracts with Montgomery County government, please provide a brief description of the contract services, the dollar value of the contract and the name and telephone number of the county staff contact for the contract.

PROJECT DESCRIPTION (No more than one page)

Describe in detail the project for which these funds will be used. Indicate how these funds will be used in collaboration with other agencies, if appropriate, and provide answers to the following questions in your response:

- 1. What unmet community need(s) will your project address?*
- 2. How did you determine that the need(s) exist and how are they quantified?*
- 3. What is your service area? (e.g. County-wide; focused on youth attending specific schools; focused in certain areas of the County.)*
- 4. What unique or innovative features, if any, are associated with this project?*

PROJECT GOALS / PERFORMANCE MEASURES

List your project goals and how they will be accomplished. Include detailed activities and specific, verifiable, quantitative performance measures you will use to determine if your goals have been achieved for each activity.

| <u>GOALS</u> | <u>SERVICE DELIVERY ACTIVITIES</u> | <u>PERFORMANCE MEASURES</u> |
|--|--|---|
| <i>"What do you want to achieve?"</i> ex: Improve reading skills | <i>"Specifically how will you achieve it?"</i> (please QUANTIFY) ex: provide 2 12-week semesters of classes meeting 5 times per week for 2 hours serving 20 students each | <i>"How will you verify success?"</i> ex: pre- and post test, pre- and post school grades, etc. |

BENEFICIARIES

Please provide additional information about those persons you have indicated will directly benefit from this project.

Total number direct beneficiaries (number previously provided in summary on page 1):

- *Number estimated to be at or below “low-income” according to the chart below:*
- *Number estimated to be at or below “moderate-income” according to the chart below:*

HUD Income Limits – Effective March 6 , 2015

| Section 8 Definition | Extremely Low | Very Low | Low |
|----------------------|-----------------|-----------------|--------------------|
| CDBG Definition | Very Low | Low | Moderate |
| Family Size | (30% of median) | (50% of median) | (“80%” of median*) |
| 1 | \$22,950 | \$38,250 | \$47,600 |
| 2 | \$26,200 | \$43,700 | \$54,400 |
| 3 | \$29,500 | \$49,150 | \$61,200 |
| 4 | \$32,750 | \$54,600 | \$68,000 |
| 5 | \$35,400 | \$59,000 | \$73,450 |
| 6 | \$38,000 | \$63,350 | \$78,900 |
| 7 | \$40,650 | \$67,750 | \$84,350 |
| 8 | \$43,250 | \$72,100 | \$89,800 |

* These figures are less than 80% of Local Area Median Income, as determined by HUD for Montgomery County due to prevailing levels of construction costs or fair market rents, or unusually high or low family incomes.

Describe the beneficiaries in more detail, especially in terms of “special needs” (e.g. homeless, persons with disabilities, frail elderly, at-risk youth, immigrants with limited English proficiency.)

CFY 2017 CDBG BUDGET (use this form ONLY)

INSTRUCTIONS: The following budget information is only for the **project** for which your organization is requesting funds. You should not include your organization's total operating budget.

In Column A, list the titles of all positions to be funded in whole or in part with CDBG funds.

In Column B, for each employee shown in column A, list the total hours per week to be spent on the CDBG project over the total hours worked in a week. For example, a staff person who works full-time on the project would be shown as 40/40, while an employee who works part-time (for example, 10 hours per week) on the project would be shown as 10/40.

In Column C, show the hourly rate to be paid for each position. For similar positions with different hourly rates (due to length of service, for example), either use different lines for each staff person, or use the highest rate for the position title

In Column D, show the total CDBG budget for this line item (hourly rate times the number of CDBG hours.)

In Column E, show other project funds that will be allocated to each line item. This includes other funds such as grants from other governmental agencies or private foundations, or general operating funds provided by the organization

Under the **FRINGE BENEFITS** section, show the percent to be applied for each line item under column C if you want to include fringe benefits in your project costs.

The **TOTAL SALARIES & BENEFITS** line should be the subtotal of all costs shown in Parts I, II and III. This figure will be included in the **GRAND TOTAL** under Part IV.

NOTE: Not all line items may apply; only fill in costs for those that apply. Applicants requiring assistance with this form should call the DHCA at 240-777-3685. Remember that funds will not be available until on or after July 1, 2016.

| A | B | C | D | E |
|---|---|------------------------|-----------------------|------------------------|
| I. PERSONNEL COSTS | | | | |
| SALARIES (List all positions to be assigned to this project) | CDBG HRS./ TOTAL HRS. PER WEEK | HOURLY RATE | TOTAL CDBG | OTHER FUNDS |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL SALARIES | | | | |

| | | | |
|--------------------------------------|----------------|-----------------------|------------------------|
| II. FRINGE BENEFITS (if any) | PERCENT | TOTAL CDBG | OTHER FUNDS |
| FICA | | | |
| Retirement | | | |
| Insurance | | | |
| Workman's Compensation | | | |
| State Unemployment Insurance | | | |
| Other (Specify) | | | |
| TOTAL FRINGE BENEFITS | | | |
| TOTAL SALARIES & BENEFITS | | | |

CFY 2017 CDBG BUDGET (continued)

| III. CONSULTANTS (if any) | TOPIC | HOURLY RATE | TOTAL CDBG | OTHER FUNDS |
|----------------------------------|--------------|--------------------|-------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL CONSULTANTS | | | | |

| IV. OPERATING EXPENSES (if any) | TOTAL CDBG | OTHER FUNDS |
|--|-------------------|--------------------|
| Office Rent | | |
| Audit & Accounting (1) | | |
| Books & Publications | | |
| Conference & Training | | |
| Insurance (4) | | |
| Utilities | | |
| Local Mileage | | |
| Office Supplies/Materials | | |
| Telephone | | |
| Other (specify) (please note entertainment exclusions below) | | |
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| | | |
| TOTAL OPERATING COSTS | | |
| GRAND TOTAL | | |

- 1) Funding recipients must meet federal audit requirements as outlined in OMB Circular A-133. Federal funds may be used to help pay for such an audit. (For a copy of A-133, contact your accountant or access it here: http://www.whitehouse.gov/omb/circulars_default/)
- 2) CDBG funds may not be used for “entertainment” which includes field trips, amusement, diversion, and social activities and any costs directly associated with such costs (such as tickets to shows or sports events, and meals).
- 3) Funding recipients may NOT purchase equipment or pay for entertainment related items with Federal funds.
- 4) Funding recipients may be required to meet Montgomery County's general insurance requirements (see online Application Packet for more information). Federal funds may be used to pay any increased insurance premium costs.

Additional Budget information if required: